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QM12/0919

DIANE DUNN MCKAY  
MATHEWS COLLINS SHEPHERD & GOULD P A  
100 THANET CIRCLE SUITE 306  
PRINCETON NJ 08540

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I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Diane Dunn McKay (Depositor's name)

(Signature)

12/19/01 (Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/379,424	08/23/99	014	GIBSON, R	3739 09/19/01
First Named Applicant	BOLMSJO,	35 USC 154(b) term ext. =	0 Days.	

TITLE OF INVENTION **METHOD AND DEVICE FOR COMBINED HEAT TREATMENT OF BODY TISSUE**

02/04/2002 EAREGAY2 00000060 09379424

01 FC:242

640.00 DP

02 FC:511

36.00 DP

PATENT DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 4298-137	607-101.000	M16	UTILITY	YES	\$620.00	12/19/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Mathews, Collins,  
Shepherd & Gould, P.A.

2

3

3. ASSIGNEE PLEASE PRINT NAME AND FILING DATE. If the assignee is a corporation, its name should be entered below, no assignee data will be printed. Inclusion of the date is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Prostalund Operations AB

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Sweden

Please check the appropriate assignee category indicated below (will not be printed on the patent)

- ☐ Individual ☒ corporation or other private group entity ☐ government

fees are enclosed (make check payable to Commissioner of Patents and Trademarks)

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

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